

Thank you for participating in the Nebraska**EDGE** Business survey. Your information will be tabulated and combined with information from other businesses that participated in the EDGE/NxLevel™ training program. If you have additional comments for Questions 45 & 46, or comments in general, please use the space below.

# NebraskaEDGE

**Business**

**Survey**

**2008**



The Center for Applied Rural Innovation is conducting a survey of businesses that participated in the NebraskaEDGE/NxLevel™ training program from 2002 - 2007.

The objective of the survey is to discover what has happened to your business and the impact the EDGE training had on your business

If you would like a copy of the final report, please write your name and address on the back of the return envelope. Envelopes will be separated from the survey to ensure your confidentiality.

The University of Nebraska-Lincoln is an equal opportunity educator and employers with a comprehensive plan for diversity.

NebraskaEDGE Program  
Center for Applied Rural Innovation  
103 Miller Hall  
University of Nebraska  
Lincoln, NE 68583-0711

Contacts:  
Survey Administrator: Becky Vogt  
Ph: 402.329.6251

EDGE Associate Director: Marilyn Schlake  
Ph: 800.328.2851/402.472.4138

Following is a comprehensive survey to discover the status and impacts of businesses that participated in the NebraskaEDGE and NxLevel™ training program. Although the entire survey should require about 20 minutes of your time, your actual response time may be much shorter. Your responses are very important to helping the EDGE program enhance its ability to help additional Nebraska small business owners. Thank you for your response.

**SECTION 1 – SURVEY OF BUSINESS STATUS**

**Q1. How would you describe the status of the business at the time you enrolled in the EDGE course?** *(circle your answer)*

1. Idea for a potential business
2. Start-up (less than 1 year old)
3. Existing (in business more than 1 year)

**Q2. Did you establish, purchase or acquire the business for which you enrolled in the NebraskaEDGE program?** *(circle your answer)*

1. Yes, date established, purchased, or acquired.  
\_\_\_\_\_ (mo/yr) *(skip to Q4)*
2. No, I have not yet established, purchased or acquired the business. I still plan to do so in future.
3. No, this business venture was not pursued; I established, purchased or acquired **another** business idea.
4. No, a business will not be opened.
5. No, not applicable to my situation

**Q3. If the business for which you took the EDGE class was not established, purchased or acquired what were the reasons?** *(circle all that apply.)*

1. Business was not feasible as planned
2. Access to business loans/credit not available
3. Access to personal loans/credit not available
4. Business operating space in community not available
5. Specific skills were necessary to conduct business
6. Employees within community not available
7. Not ready for commitment of time and finances to support the business
8. Did not plan to start a business when enrolled in the course.
9. Other *(please specify)* \_\_\_\_\_

**Q41. Was this an increase or decrease in assets from 2006?**

1. Increase
2. Stayed the same
3. Decrease

**Q42. Thinking back prior to participation in EDGE, what was the dollar value of total business assets?**

Prior to EDGE, business assets: \$ \_\_\_\_\_

**Q43. Compared to your competitors over the last three years, do you think the overall performance of your business in terms of sales and net profits makes it a:**

- 1 High performer
- 2 Somewhat high performer
- 3 Moderate performer
- 4 Somewhat low performer
- 5 Low performer
- 6 (Haven't been in business three years)

**Q44. Are there city or state laws or regulations that negatively affect your business operations?**

- 1 Yes
- 2 No

**Q45. If yes, describe the law or regulation and explain how it affects your business.**

---



---



---

**Q46. Given your answer above, what suggestions do you have for changes in regulations or laws that will help to minimize their impacts on your business?**

---



---



---

*Please use the back of the survey if you need more space for Questions 45 & 46.*

**Q37. What is the projection for business gross sales for the next fiscal year?**

\$ \_\_\_\_\_

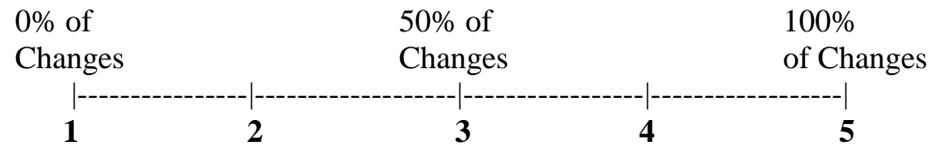
**Q38. Profit is the firm's income after all expenses and taxes have been deducted. Please indicate whether the business had a profit, loss, or broke even in 2007. (circle your answer)**

- 1. Positive net profit/net gain (proceed to Q25a)
- 2. Negative net profit/net loss (proceed to Q25b)
- 3. No profit/Broke even (skip to Q26)
- 4. Don't know or refuse to answer. (skip to Q26)

**Please indicate the amount approximate increase or decrease:**

\_\_\_\_\_

**Q39. On the scale below, indicate how much you feel the above mentioned business changes in net profit/net loss can be attributed to participation in the NebraskaEDGE program? (Circle the number of your answer.)**



**Q40. What is the current dollar value of total business assets? Business assets include: buildings or land, equipment or materials (including inventory), business checking accounts, business savings accounts, other financial accounts, cars or trucks, any other business assets.**

Current Business assets: \$ \_\_\_\_\_

*Note: Stop here if the original business that was enrolled in the EDGE course did not open and you do not plan to start any business at this time. Thank you for your response and time.*

**Q4. Did you operate the business for which you enrolled in the NebraskaEDGE program at any time from January through December 2007?**

- 1. Yes (skip to Q6)
- 2. No. When did the business close? \_\_\_\_\_ (Mo/yr)

**Q5. If the business was closed, what were the reasons? (Circle all that apply.)**

- 1. Owner/s retired or deceased
- 2. Owner/partner left the business
- 3. Operated business for a specific or one-time event
- 4. Inadequate cash flow or low sales
- 5. Lack of access to business loans/credit
- 6. Lack of access to personal loans/credit
- 7. Started another business
- 8. Sold this business
- 9. Other (specify:) \_\_\_\_\_

**Q6. Please indicate what is the primary business industry. If the business is closed, what was the primary business industry? (Circle the best answer if more than one applies, answers continue on next page)**

- 1. Agricultural Services
- 2. Agricultural Production
- 3. Forestry, Fishing and Hunting
- 4. Mining
- 5. Utilities
- 6. Construction
- 7. Manufacturing – Durable goods
- 8. Manufacturing – Nondurable goods
- 9. Wholesale Trade
- 10. Retail Trade
- 11. Transportation
- 12. Warehousing & Storage
- 13. Information (software, communications)

14. Finance & Insurance
15. Real Estate, rental and leasing
16. Professional, scientific, and technical services
17. Administrative and waste management services
18. Education Services
19. Health Care and Social Assistance
20. Arts, entertainment, and recreation
21. Accommodation and food services
22. Other services (including repair, personal service)
23. Other (please specify) \_\_\_\_\_

**Q7. Please describe what is or was the primary service or product provided (i.e., florist, organic beef, horse trailers, children’s books)**

Business service/products:

\_\_\_\_\_

**Q8. Has the business industry or primary business service or product changed since you participated in the EDGE course?**

1. Yes
2. No (skip to Q9)

**Q8a. If yes, what was your business industry and service or product prior to participating in EDGE?**

\_\_\_\_\_

**Q9. What is the zip code for the business?**

Zip code: \_\_\_\_\_

*Note: Stop here if the original business that was enrolled in the EDGE course is currently closed or did not open. Thank you for your responses and your time.*

*If an additional business was established, purchased or acquired as a result of the EDGE training or for all other situations, please continue.*

**Q33. Was collateral required for any of the business loan or lines of credit?**

1. Inventory or accounts receivable
2. Business equipment or vehicles
3. Business securities or deposits
4. Business real estate
5. Personal real estate
6. Other personal assets
7. Other (specify) \_\_\_\_\_

**SECTION 3– BUSINESS FINANCIALS**

The following questions cover 2007 business financials. You may stop here if the business was not in operation during 2007.

**Q34. Filing an IRS Schedule C or Business Tax form is another indication of business start and growth. Please indicate if business tax forms were filed in 2007 and prior to participation in EDGE. (circle your answer)**

	In 2007		Prior to EDGE	
Filed IRS Schedule C or Business Tax Forms	Yes	No	Yes	No

**Q35. Please indicate the business’s total sales or total receipts for 2007. (Gross receipts or sales less returns and allowances) (Enter the value below.)**

\$\_\_\_\_\_ 2007 Annual Gross Sales

**Q36. Were 2007 total business sales more, less or about the same as its total sales during 2006?**

1. More in 2007 than in 2006.  
Approximate dollar increase \$\_\_\_\_\_
2. Less in 2007 than in 2006.  
Approximate dollar decrease \$\_\_\_\_\_
3. Same in 2007 as in 2006.

**Q29. If you used your business plan to obtain equity/credit, what form of equity/credit was obtained?**

1. Finance Company (credit cards)
2. Commercial bank, savings bank, savings and loan association or credit union loan
3. Leasing
4. Vendor credit
5. Asset based/inventory as collateral
6. Personal or home equity bank loan
7. Angel investors
8. Private loan (family, friends)
9. Small Business Administration (SBA) guaranteed loan
10. Selling/pledging accounts receivable
11. Private placement of stock
12. Venture capital
13. Public issuance of stock
14. Other (specify) \_\_\_\_\_

**Q30. If yes, what was the total amount of equity/credit received as a result of the business plan?**

Total Amount of equity/credit \$\_\_\_\_\_

**Q31. If yes, was the financing satisfactory for your business needs or were there additional resources needed? Explain**

\_\_\_\_\_

**Q32. Was collateral required for any of the business loans or lines of credit?**

1. Yes
2. No (skip to Q34)

**SECTION 2 – SURVEY OF CURRENT BUSINESS OPERATIONS**

**Q10. Which of the following describes the ownership of the business?**

1. Sole proprietorship
2. Husband and wife jointly owned business
3. Partnership or Limited Liability Partnership (LLP)
4. Partnership or Limited Liability Company (LLC)
5. Privately held corporation
6. Membership/cooperative
7. Nonprofit
8. Other (specify:) \_\_\_\_\_

**Q11. For those individuals owning the larger percentages in the business, please list the percentage owned by each person and his or her position title(s). If more than 3 persons owned the business equally, select any 3. In the third column, enter the average number of hours each owner dedicates to the business per week.**

	<u>Percentage</u>	<u>Position Title</u>	<u>Ave. hours per week</u>
Owner 1	_____	_____	_____
Owner 2	_____	_____	_____
Owner 3	_____	_____	_____

**Q12. If owners work a weekly average of less than 40 hours combined, which of the following characteristics describes current business activity? (circle the answer that best describes your business ) Note: if the owners worked more than 40 hours combined, please skip this question and go to Q13.**

1. Business is operated less than 12 months
2. Business is a hobby which generates income
3. Business is a part-time venture requiring on average, less than a full-time effort
4. Business is seasonal (for example, firework sales, or tax preparer)
5. Business is operated occasionally (example, consultant, event organizer or musicians)

**Q13. Which of the following types of customers account for 10% or more of this business's total sales of goods/services? (circle all that apply.)**

1. Household consumers and individuals users (excluding export sales)
2. Other businesses and/or organizations (excluding export sales)
3. State and local government (including school districts, transportation authorities, etc.)
4. Federal government
5. Export sales of goods/services
6. Not applicable
7. Other (specify): \_\_\_\_\_

**Q14. Within the last year, were any of the following types of workers used by this business? Note: If you answer YES to full-time or part-time employees, proceed to answer Questions 15-18. All other responses can skip to Q19.**

- |  |     |    |
|--|-----|----|
| 1. Full - and part-time paid employees reported (if yes, answer Questions 15-18)                 | Yes | No |
| 2. Paid day laborers (skip to Q19)   | Yes | No |
| 3. Temporary staffing obtained from a temporary help service (skip to Q19)                       | Yes | No |
| 4. Leased employees from a leasing service or a professional employer organization (skip to Q19) | Yes | No |
| 5. Contractors, subcontractors, independent contractors or outside consultants (skip to Q19)     | Yes | No |

**Q15. Other than owners, how many employees currently work directly for the business? And, how many employees worked for the business prior to participating in EDGE or if business was opened after EDGE, how many were employed during the first year of operations?**

	Currently	Prior to EDGE or 1 <sup>st</sup> year
Year round: number of <b>part-time</b> employees		
Year round: number of <b>full-time</b> employees, greater than 35 hrs/wk		
Seasonal: number of part-time, seasonal employees		

**Q27. Please indicate how the business currently finances its operations and expansions and how did it finance its operations and expansions prior to participation in EDGE. If the business was not yet started prior to taking EDGE, how were start-up and business operations financed during the first year of operation? (Check the appropriate line in each column to indicate type of financing used.)**

Type of financing used in business:	Current	Prior EDGE or 1 <sup>st</sup> yr
1. Personal/family savings of owner/s	<input type="checkbox"/>	<input type="checkbox"/>
2. Personal/family assets other than savings	<input type="checkbox"/>	<input type="checkbox"/>
2. Personal/business credit card of owner/s	<input type="checkbox"/>	<input type="checkbox"/>
3. Business loan from federal, state or local government	<input type="checkbox"/>	<input type="checkbox"/>
4. Government-guaranteed business loan from a bank or financial institution	<input type="checkbox"/>	<input type="checkbox"/>
5. Business loan from a bank or financial institution	<input type="checkbox"/>	<input type="checkbox"/>
6. Business loan from a micro enterprise lender	<input type="checkbox"/>	<input type="checkbox"/>
7. Outside investor	<input type="checkbox"/>	<input type="checkbox"/>
8. Business Equity	<input type="checkbox"/>	<input type="checkbox"/>
9. None needed	<input type="checkbox"/>	<input type="checkbox"/>
10. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

**Q28. Did you use the business plan completed during the EDGE program to obtain business equity/credit?**

1. Yes
2. No (proceed to Q34)

**Q25. Do you use computers for business purposes?**

1. Yes
2. No (*proceed to Q27*)

**Q26. Does the business use computers for any of the following business tasks? Prior to EDGE, did the business use computers for the same tasks? If the business was not yet started prior to taking EDGE, how was the computer used during the first year of operation? (Check the appropriate box in each column to indicate computer task used in your business.)**

<b>Computers tasks used in the business:</b>	<b>Currently</b>	<b>Prior to EDGE, or 1<sup>st</sup> yr.</b>
1. E-mail or Internet connection	<input type="checkbox"/>	<input type="checkbox"/>
2. Online banking	<input type="checkbox"/>	<input type="checkbox"/>
3. Use Internet to purchase business products and services	<input type="checkbox"/>	<input type="checkbox"/>
4. Use Internet to sell business products and services	<input type="checkbox"/>	<input type="checkbox"/>
5. Apply for loans or other forms of credit online	<input type="checkbox"/>	<input type="checkbox"/>
6. Manage inventory	<input type="checkbox"/>	<input type="checkbox"/>
7. Administrative functions such as word processing	<input type="checkbox"/>	<input type="checkbox"/>
8. Manage the firm's accounts or bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>
9. Other business tasks	<input type="checkbox"/>	<input type="checkbox"/>
10. Directly contributes to the business's primary activity.	<input type="checkbox"/>	<input type="checkbox"/>

**Q16. What level of pay does the business currently provide for its employees?**

Pay scale	Number of employees
1. Below minimum wage, \$5.85 per hour	_____
2. Between \$5.86 and \$10.00 per hour	_____
3. Between \$10.01 and \$15.00 per hour	_____
4. Between \$15.01 and \$20.00 per hour	_____
5. Between \$20.01 and \$30.00 per hour	_____
6. Greater than \$30.00 per hour	_____

**Q17. Do you provide extra benefits to employees?**

1. Yes
2. No (*proceed to Q19*)

**Q18. If yes, what types of non-required benefits does the business provide?**

1. Health plans
2. Dental or vision plans
3. Paid vacation, sick leave or holidays
4. Retirement plans
5. Life insurance plans
6. Disability insurance
7. Stock options
8. Other \_\_\_\_\_

**Q19. Has the business changed locations since participating in EDGE?**

1. Yes (*skip to Q21*)
2. No

**Q20. If the business moved, what was the reason? (circle all that apply)**

1. Business growth, additional business space needed
2. Business contraction, less business space needed
3. Needed to be closer to customers or retail outlets
4. Expanded into new markets
5. Wanted to minimize facility expenses
6. Lost lease
7. Other (*specify*): \_\_\_\_\_

**Q21. Since participating in the EDGE program, has this business changed in any of the following ways? (check the appropriate box for your answer)**

	Change	No Change
1. Changed the legal structure of the business	<input type="checkbox"/>	<input type="checkbox"/>
2. Changed professional services (i.e., accountant, attorney)	<input type="checkbox"/>	<input type="checkbox"/>
3. Changed insurance policies/coverage	<input type="checkbox"/>	<input type="checkbox"/>
4. Changed the type of products/services offered customers	<input type="checkbox"/>	<input type="checkbox"/>
5. Increased the types of products sold or services rendered to customers	<input type="checkbox"/>	<input type="checkbox"/>
6. Increased number of locations for business operations	<input type="checkbox"/>	<input type="checkbox"/>
7. Increased hours of operation	<input type="checkbox"/>	<input type="checkbox"/>
8. Changed marketing tactics/strategies	<input type="checkbox"/>	<input type="checkbox"/>
9. Changed accounting system/accounting software	<input type="checkbox"/>	<input type="checkbox"/>

**Q22. Check the box that currently shows where the business primarily sells or delivers its products or services and where did the business primarily sell or deliver its products or services prior to participation in EDGE or during its first year of operation if started after EDGE.**

	Current	Prior EDGE <u>or</u> 1 <sup>st</sup> yr
1. Within the city	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the County/Metropolitan Area	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the state	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the Region	<input type="checkbox"/>	<input type="checkbox"/>
5. Throughout the country	<input type="checkbox"/>	<input type="checkbox"/>
6. Outside the United States	<input type="checkbox"/>	<input type="checkbox"/>
7. Globally/both nationally and internationally	<input type="checkbox"/>	<input type="checkbox"/>
8. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

**Q23. Both currently and prior to EDGE, what types of individuals, (fee-based and free) provide professional expertise on business activities and opportunities? If the business was not yet started prior to taking EDGE, what types of individuals, provided professional and expertise on business start-up activities and opportunities during the first year of operation? (Check the appropriate box in each column to indicate use of service .)**

Type of professional expertise or services used in business:	Currently	Prior EDGE <u>or</u> 1 <sup>st</sup> yr
1. Bookkeeper	<input type="checkbox"/>	<input type="checkbox"/>
2. Accountant, CPA	<input type="checkbox"/>	<input type="checkbox"/>
3. Business Banker, Loan Officer	<input type="checkbox"/>	<input type="checkbox"/>
4. Attorney	<input type="checkbox"/>	<input type="checkbox"/>
5. Business insurance agent	<input type="checkbox"/>	<input type="checkbox"/>
6. Successful business owner	<input type="checkbox"/>	<input type="checkbox"/>
7. Small Business Development Center advisor	<input type="checkbox"/>	<input type="checkbox"/>
8. Independent business consultant	<input type="checkbox"/>	<input type="checkbox"/>
9. Non-profit organization business advisor	<input type="checkbox"/>	<input type="checkbox"/>
10. University or College business advisor	<input type="checkbox"/>	<input type="checkbox"/>
11. Governmental advisor	<input type="checkbox"/>	<input type="checkbox"/>
12. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

**Q24. EDGE is planning to provide educational, online trainings for past EDGE graduates. We are planning obtain professionals to provide topic expertise. What critical issues or topics would be of interest to you or would be helpful to your business operations?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

